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SECRETARY OF THE SENATE

FEC FORM 1		STATEM	-	OF ON	IS AUG 19	PH 3: 05	
1. NAME OF COMMITTEE (in	full)	(Check if nar is changed)		ample:If typing, type ar the lines.	12FE4M5	e gan annag annag a	
BOYKIN	OR IL	LINOIS) 1 1 1	* ! # & ! <u>}</u> [<u> </u>	111
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ADDRESS (number a	nd street)	P.O. BOX	8059	01	1 1 1 1		
(Check if ac is changed)		CHICAGO)			60680	t.1.20
			CITY		STATE	ZIP CODE	=
COMMITTEE'S E-MA	IL ADDRESS	(Please provide only	one e-mail a	ddress)			
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COMMITTEE'S WEB	PAGE ADDRI	ESS (URL)					
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2. DATE 08' 07 2015							
3. FEC IDENTIFIC	CATION NUM	BER [
4. IS THIS STATEM	MENT X	NEW (N)	OR [AMENDED (A)			
I certify that I have e	xamined this	Statement and to th	e best of my	knowledge and belie	f it is true, correct	and complete.	
Type or Print Name of	of Treasurer	VICTOR	A PR	IOLA	·		
Signature of Treasure		Jictoria	Shu	\$	Date O	6 67 6	(01.5)
NOTE: Submission of talse, rrongous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only				For further Information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORI	•

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	F	EC Fo	orm 1 (Revised 02/2009) Page 2		
5.			COMMITTEE		
		didate	e Committee:		
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidation information below.)	ate	
	Name Cand		RICHARD R, BOYKIN		
	Cand Party	idate Affiliati	Office Sought: House Senate President		
			District	لـــــا	
	(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Part	у Соп	nmittee: (National, State (Democratic,		
	(d)	Ц	This committee is a or subordinate) committee of the Republican, etc.)	Party.	
	Polit	ical A	Action Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ion is a:	
			Corporation Corporation w/o Capital Stock Labor Organiza	ation	
			Membership Organization Trade Association Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)	r party	
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
		runa —	draising Representative:		
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	al	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	al	
		Com	mittees Participating in Joint Fundraiser		
		1.	FEC ID number		
		2.	FEC ID number C		
		3.	FEC ID number C		
		4.	FEC ID number		

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FEC	Form	1 ((Revised	02/2009

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FEC Form 1 (Revise	30 02/2009)	Page 3			
Write or Type Committee Na	ame				
BOYKIN FOR ILLINOIS					
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership P.	AC Sponsor			
		•			
		111-11			
Mailing Address		<u> </u>			
, radios		 			
	CITY STATE ZIP	J-LIIII CODE			
	SIAIE ZIF	JOUE			
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative Leaders	nip PAC Sponsor			
 Custodian of Records: Id books and records. 	dentify by name, address (phone number optional) and position of the person in possessi	on of committee			
Full Name VICT	TORIA PRIOLA				
Mailing Address	P.O. BOX 805901				
	CHICAGO	1-14/1/2/0			
Title or Position	CITY STATE ZIP C	ODE			
TREASURER		_{}-} 1000 ,			
 Treasurer: List the name a any designated agent (e.g. 	and address (phone number optional) of the treasurer of the committee; and the name an ., assistant treasurer).	d address of			
Full Name of Treasurer	TORIA PRIOLA				
Mailing Address	P.O.BOX 805901				
	CHICAGO, 60680	1-14,1,2,01			
Tille on Desir'	CITY STATE ZIP C	ODE			
Title or Position	Telephone number [312] - [574]	_ 1000			
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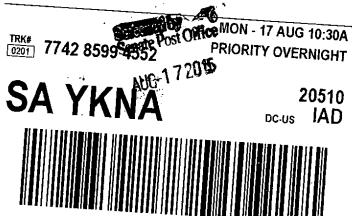
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